

015-

SFUND RECORDS CTR

999000730

HAULER OF WASTE (Must be filled by hauler)

999000730

ASBURY OIL CO.

13419 Halldale Ave., Gardena, California 90249

Phone: (213) 321-1392

Pick Up: 6-30-79 Time: _____
(DATE) 15

State Liquid Waste Hauler's Registration No. (if applicable): _____

Job No.: _____ No. of Loads or Trips: 2 Unit No. 3

Vehicle: ☒ Vacuum truck 100 barrels, ☐ flatbed, ☐ other _____

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

SIGNATURE OF AUTHORIZED AGENT AND TITLE

DISPOSER OF WASTE (Must be filled by disposer)

OPERATING INDUSTRIES, INC.
 2000 El Camino Ave.
 Monterey Park, Calif. 91754

Name (print or type): _____

Site Address: _____

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): _____ State fee (if any): _____

Handling Method(s):

☐ recovery

☐ treatment (specify): _____

(EXAMPLES: INCINERATION, NEUTRALIZATION, PRECIPITATION)

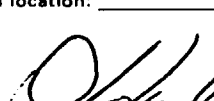
☐ disposal (specify): ☐ pond ☐ spreading ☐ landfill ☐ injection well

☐ other (specify): _____

If waste is held for disposal elsewhere specify final location: _____

Disposal Date: 6-30-79

I certify (or declare) under penalty of perjury that the foregoing is true and correct.


 SIGNATURE OF AUTHORIZED AGENT AND TITLE

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

W. F. Phelps

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING
HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

D.O.T. Proper Shipping Name

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